

# TRANSMITTAL FORM

Application Number	09/943,905
Filing Date	August 31, 2001
First Named Inventor	McGuire, Simon
Group Art Unit	3692
Examiner Name	Graham, Clement B.
Attorney Docket No.	74577-014
Patent No.	Not Yet Assigned
Issue Date	Not Yet Assigned

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input checked="" type="checkbox"/> 3 Month Petition for Extension of Time <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (C2) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110-2600  
Tel. No.: (617) 526-9600  
Fax No.: (617) 526-9899

## SIGNATURE BLOCK

Respectfully submitted,

Date: August 22, 2008  
Reg. No. 59,636  
Tel. No.: (617) 526-9716  
Fax No.: (617) 526-9899

/Seth M. Cannon #59,636/  
Seth M. Cannon  
Attorney for the Applicants  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110-2600